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PTO/SB/21 (08-00)

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## TRANSMITTAL FORM

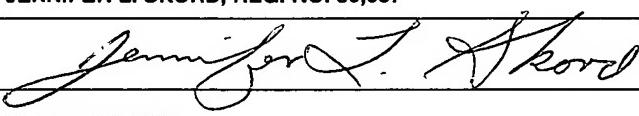
*(to be used for all correspondence after initial filing)*

		Application Number	10/643,319
		Filing Date	August 19, 2003
		First Named Inventor	Michael D. Ruff
		Group Art Unit	
		Examiner Name	
Total Number of Pages in This Submission	46	Attorney Docket Number	019031-000010

### ENCLOSURES (check all that apply)

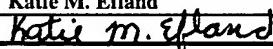
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	<i>Transmittal of Formal Drawings (Figs. 1-9 are photographs-three(3) copies are submitted of the photographs) and Acknowledgement Postcard.</i>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks	

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	MOORE & VAN ALLEN JENNIFER L. SKORD, REG. NO. 30,687	
Signature		
Date	October 20, 2003	

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on this date: October 20, 2003.

Typed or printed name	Katie M. Efland	Date	October 20, 2003
Signature			

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OCT 23 2003  
U.S. PATENT & TRADEMARK OFFICE  
SEARCHED & INDEXED  
FILED & MAILED

## FEE TRANSMITTAL for FY 2003

*Patent fees are subject to annual revision.***TOTAL AMOUNT OF PAYMENT****(\\$) 130.00****C omplete if Known**

Application Number	10/643,319
Filing Date	August 19, 2003
First Named Inventor	Micahel D. Ruff
Examiner Name	
Group Art Unit	
Attorney Docket No.	019031-000010

**METHOD OF PAYMENT (check all that apply)**
 Check     Credit Card     Money Order     Other     None
 Deposit Account:Deposit Account Number **13-4365**Deposit Account Name **MOORE & VAN ALLEN PLLC****The Commissioner is authorized to: (check all that apply)**

- Charge fee(s) indicated below     Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEES CALCULATION****1. BASIC FILING FEE**

Large Entity    Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

**SUBTOTAL(1)** **(\\$) 0.00****2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	-20**=	Extra Claims	Fee from below	Fee Paid
Independent	-3**=			
Claims				

Multiple Dependent

Large Entity    Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claims, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL(2)** **(\\$) 0.00**

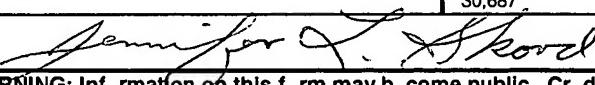
\*\* or number previously paid, if greater. For Reissues, see above

**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
105	130	205	65	Surcharge - late filing fee or oath
127	50	227	25	Surcharge - late provisional filing fee or cover sheet
139	130	139	130	Non-English specification
147	2,250	147	2,250	For filing a request for <i>ex parte</i> reexamination
112	920*	112	920*	Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action
115	110	215	55	Extension for reply within first month
116	400	216	200	Extension for reply within second month
117	920	217	460	Extension for reply within third month
118	1,440	218	720	Extension for reply within fourth month
128	1,960	228	980	Extension for reply within fifth month
119	320	219	160	Notice of Appeal
120	320	220	160	Filing a brief in support of an appeal
121	280	221	140	Request for oral hearing
138	1,510	138	1,510	Petition to institute a public use proceeding
140	110	240	55	Petition to revive - unavoidable
141	1,280	241	640	Petition to revive - unintentional
142	1,280	242	640	Utility issue fee (or reissue)
143	460	243	230	Design issue fee
144	620	244	310	Plant issue fee
122	130	122	130	Petitions to the Commissioner
123	50	123	50	Processing fee under 37 CFR 1.17(q)
126	180	126	180	Submission of Information Disclosure Stmt
581	40	581	40	Recording each patent assignment per property (times number of properties)
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))
179	740	279	370	Request for Continued Examination (RCE)
169	900	169	900	Request for expedited examination of a design application
Other fee (specify)				

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL(3)** **(\\$) 130.00****SUBMITTED BY****Complete (if applicable)**

Name (Print Type) (Attorney/Agent)	Jennifer L. Skord	Registration No.	Telephone	919-286-8000
Signature		Date	October 20, 2003	

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